

(HMO Name)

1. Addendum VI

7. Expansion Incentive (BadgerCare Plus Only)

- 1) A member enrolled in a managed care plan in any month within the period of November, 2007 through May, 2008 will be considered a “base population member” for that managed care plan. Any member who first enrolls in a managed care plan in any month within the period of June, 2008 through December, 2009 will be considered an “expansion population member” for that managed care plan. A child born to a base population member will be considered a base population member regardless of his or her date of enrollment.
- 2) Any member who enrolls in a managed care plan who had been enrolled in an HMO that left the BadgerCare Plus program in Region 4 or reduced its enrollment cap in the

month prior to the HMO leaving the BadgerCare Plus program in Region 4 or reducing its enrollment cap will be considered a base population member regardless of the date of enrollment in the new managed care plan.

- 3) The phase-in of the rate region realignment and CDPS adjusters as defined by a contract amendment to Article VI, A, (25% in 2008 and 50% in 2009), will still apply to the base population.
- 4) A 3% incentive will be paid on the monthly Region 4 capitation rates for CY08 and CY09 for each expansion population member. The incentive will be calculated based on a capitation rate with a CDPS score of 1.0. The 3% incentive will be paid for each participating month for each expansion population member beginning on the first date of that member's enrollment through December 31, 2009.
- 5) There will be no rate region realignment adjustment for the expansion population.
- 6) There will be no CDPS adjustment for the expansion population. A CDPS score of 1.0 will be assumed for the expansion population during CY 08 and CY 09.
- 7) The 2009 capitation rates will be determined during the CY09 rate setting process. The incentive payments will not be considered part of the base rates for future rate development. The expansion population encounter data will be used for rate development in future years.

c. Enrollment Limits

- 1) In accepting the 3% expansion incentive the HMO agrees to not decrease its enrollment limit for two years from the date the HMO first receives an expansion incentive payment, without approval of the Department.
- 2) The HMO agrees to increase its enrollment limit that was in effect on January 1, 2008.
- 3) If an HMO does not increase its enrollment limit to make it sufficient to enroll all eligible enrollees in expansion counties, then the Department may assign a higher enrollment limit for each of those HMOs.

All terms and conditions of the February 1, 2008 through December 31, 2009 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

(HMO Name)	Department of Health and Family Services
Official Signature	Official Signature
Printed Name	Printed Name Jason Helgeson
Title	Title Medicaid Director Division of Health Care Access and Accountability
Date	Date